

## The Seal of the State of California is a circular emblem. It features a central figure, Minerva, seated and holding a grizzly bear. The bear is standing on a rock. The background shows a landscape with mountains, a bay, and a ship. The words "THE GREAT SEAL OF THE STATE OF CALIFORNIA" are inscribed around the border, and the word "EUREKA" is at the top.

*(Must be printed or typed)*

Revised: May 28, 2008

## EXPERIENCE CONTINUED:

<u>LENGTH OF PROJECT ASSIGNMENT</u>  FROM: _____ TO: _____  TOTAL: _____ YR. _____ MO.  HOURS WORKED PER WEEK: _____	<b>Description of inspection duties performed for:</b> <b>Type(s) of Construction</b> (Circle) I II III IV V   <input type="checkbox"/> Verification letter attached.	<u>NAME, ADDRESS &amp; PHONE NO. OF EMPLOYER/CLIENT:</u>   <u>FACILITY NAME, BUILDING NAME &amp; PROJECT COST:</u>   
<u>LENGTH OF PROJECT ASSIGNMENT</u>  FROM: _____ TO: _____  TOTAL: _____ YR. _____ MO.  HOURS WORKED PER WEEK: _____	<b>Description of inspection duties performed for:</b> <b>Type(s) of Construction</b> (Circle) I II III IV V   <input type="checkbox"/> Verification letter attached.	<u>NAME, ADDRESS &amp; PHONE NO. OF EMPLOYER/CLIENT:</u>   <u>FACILITY NAME, BUILDING NAME &amp; PROJECT COST:</u>   
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**CERTIFICATION OF APPLICANT**

*I hereby certify that all statements made in this application are true and complete. I understand that any false statement will be cause for voiding this application and any subsequent certification. I further certify that I will not reveal the contents of the examination to anyone and affirm that I will abide by the rules of the examination. I understand that if I obtain OSHPD certification as a Hospital Inspector, my name, phone number, and e-mail address will be available to the public.*

(SIGNATURE) \_\_\_\_\_

(DATE) \_\_\_\_\_

**FEE SCHEDULE**

 Check box for applicable  
fees submitted

SPACE)

Application Review (non-refundable).....	\$100.00	<input type="checkbox"/>
Exam for Class A Inspector Certification .....	\$300.00	<input type="checkbox"/>
Exam for Class B Inspector Certification .....	\$300.00	<input type="checkbox"/>
Exam for Class C Inspector Certification .....	\$100.00	<input type="checkbox"/>

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

**METHOD OF PAYMENT**

☐ MONEY ORDER     ☐ CHECK – PAYMENT MUST BE PAYABLE TO: OSHPD  
  
☐ VISA    ☐ MASTERCARD    ☐ AMERICAN EXPRESS    ☐ NOVUS /DISCOVER CARD

CHARGE CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

PRINT CARD HOLDER'S NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**Mail payment and application to:**

Office of Statewide Health Planning and Development  
 Facilities Development Division  
 Hospital Inspector Certification Program  
 1600 9<sup>th</sup> Street, Room 420, Sacramento, CA 95814

**OFFICE USE ONLY**  
 (DO NOT WRITE IN THIS)